

## **Medicare Contractor Provider Satisfaction Survey (MCPSS)**

### ***Fact Sheet***

**February 14, 2006**

### **Survey Overview**

The Medicare Contractor Provider Satisfaction Survey -- or MCPSS -- is designed to garner quantifiable data on provider satisfaction with the performance of Medicare Fee-for-Service (FFS) contractors. Specifically, the survey will enable the Centers for Medicare & Medicaid Services (CMS) to gauge provider satisfaction with key services performed by the 42 contractors that process and pay the more than \$280 billion in Medicare claims each year. CMS will use the results for Medicare contractor oversight. Contractors will use it to improve service.

### **Call to Action**

**CMS is urging all Medicare providers who are selected for the sample to participate in the MCPSS.** The views of every provider asked to participate are very important to the success of this study, as each one represents many other organizations that are similar in size, practice type and geographical location. Only through significant participation will we realize the collective benefits of the survey. The MCPSS is one of the tools CMS will use to carry out the measurement of provider satisfaction levels, a requirement of the Medicare Modernization Act.

### **The Facts At-a-Glance**

#### *Purpose & Goals*

- Purpose: Obtain **quantifiable data** to enable CMS to measure provider satisfaction with the performance of Medicare contractors
- Three **primary goals**:
  - Satisfy Medicare Modernization Act (2003) requirements to measure provider satisfaction levels
  - Provide feedback from providers to contractors so they may implement process improvement initiatives
  - Establish a uniform measure of provider satisfaction with contractor performance

#### *Survey Administration*

- First national administration queries **25,000 randomly selected providers** (physicians, healthcare practitioners, and facilities) out of the 1.2 million who serve Medicare beneficiaries
- Survey includes all **42 Medicare FFS contractors**:
  - Fiscal Intermediaries (FIs)
  - Carriers

- Durable Medical Equipment Regional Carriers (DMERCs)
- Regional Home Health Intermediaries (RHHIs)
- Questions focus on **seven key areas of the provider-contractor interface**:
  - Provider communications
  - Provider inquiries
  - Claims processing
  - Appeals
  - Provider enrollment
  - Medical review
  - Provider audit and reimbursement
- Seventy-six question survey can be completed in approximately **21 minutes**
- Survey responses may be submitted via **secure Web site, mail or fax**

### *Reporting of Results*

- Results: **Composite score** on each of the seven key areas and **aggregate overall score** for each contractor
- Individual **reports provided to each contractor** via an online reporting system
- **Online reporting** enables:
  - Contractors to perform individual analysis of their survey results
  - CMS to examine trends and use results for contractor oversight

### *Timeline*

- National administration: January 2006
- Survey notification packets are being mailed in waves through February 2006. The target date to respond is approximately three weeks after receipt
- Contractor reports: June 2006
- Final reports: July 2006

For more information, please contact:

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